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Bib Data Sheet

CONFIRMATION NO. 1349

<b>SERIAL NUMBER</b> 10/057,419	<b>FILING OR 371(c) DATE</b> 01/25/2002 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> P-7586.01
<b>APPLICANTS</b> Craig L. Schmidt, Eagan, MN; Paul M. Skarstad, Plymouth, MN; Steven L Jensen, Andover, MN; John W. Forsberg, St. Paul, MN; Nathan A. Torgerson, Andover, MN; Raymond F. McMullen, Shorewood, MN;				
<b>** CONTINUING DATA *****</b> <i>[Signature]</i> This application is a CIP of 09/870,097 05/30/2001 PAT 6,650,942				
<b>** FOREIGN APPLICATIONS *****</b> <i>[Signature]</i> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/19/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>[Signature]</i> Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 30
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 27581				
<b>TITLE</b> Implantable medical device with a dual power source				
<b>FILING FEE RECEIVED</b> 1250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	